

## **Abstract category D**

### ***Impact of Social Determinants of Health for Cancer Treatment Referrals in Patients living with HIV: A Systematic Review.***

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#### **Abstract:**

##### **Background:**

People living with HIV (PWH) experience disparities in cancer treatment referrals, influenced by social determinants such as healthcare access, health literacy, racial and ethnic disparities, and stigma. Despite specialized HIV/cancer centers that could optimize care, many PWH are not referred to these facilities. This systematic review aims to identify the barriers that prevent PWH from accessing specialized cancer care and explore the factors influencing referral patterns.

##### **Methods:**

A systematic review was conducted using PubMed to identify studies published in the past decade that addressed social determinants of health impacting cancer treatment referrals for PWH. Inclusion criteria encompassed randomized controlled trials, cohort studies, case-control studies, qualitative research, and case series. Data extraction focused on healthcare access, insurance status, health literacy, racial and ethnic disparities, and HIV-related stigma. The risk of bias was assessed using standardized tools, and results were synthesized narratively due to heterogeneity in study designs and outcomes.

##### **Results:**

Findings indicate that PWH largely depend on public insurance programs such as Medicaid and the Ryan White HIV/AIDS Program (RWHP), which improve outcomes but impose income restrictions, limiting access. Integrated health systems, such as Veterans Affairs (VA) centers, demonstrate successful cancer screening programs but remain inaccessible to the broader PWH population due to eligibility restrictions. Low health literacy among PWH contributes to misinterpretation of treatment options, poor self-advocacy, and reduced referral rates. Racial and ethnic disparities further exacerbate barriers, with Black, Hispanic, and Asian American populations experiencing lower cancer screening rates and greater healthcare distrust. Additionally, stigma surrounding HIV leads to avoidance of medical care and delayed cancer interventions.

##### **Conclusion:**

Systemic barriers such as limited healthcare access, low health literacy, racial disparities, and stigma significantly hinder cancer referrals for PWH. Addressing these issues requires integrated healthcare

models, improved health literacy initiatives, and culturally competent interventions. Expanding RWHP eligibility, enhancing provider education, and implementing stigma-reduction strategies could improve cancer care access for PWH. Future research should explore targeted interventions to mitigate disparities and optimize cancer treatment referrals for this vulnerable population.